

## DUPLICATE COPY FOR FEE PROCESSING

MAY 01 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).		Complete if Known					
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	09/801,439				
		Filing Date	March 7, 2001				
		First Named Inventor	Henry SOHN				
		Examiner Name	J. Hu				
		Art Unit	2154				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	324212007600				
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	450.00				
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description						Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
56		41	0	50.00	360.00		0.00
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3		4	0	200.00	0.00		
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	750	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month						450.00	
<b>SUBMITTED BY</b>							
Signature	<i>Michael S. Garrabrants</i>			Registration No. (Attorney/Agent)	51,230	Telephone	(415) 288-8824
Name (Print/Type)	Michael S. Garrabrants			Date	May 1, 2006		

SF-2122465

MAY 01 2006

PTO/SB/17 (01-08)

Approved for use through 7/31/2009. OMB 0831-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	09/801,439				
		Filing Date	March 7, 2001				
		First Named Inventor	Henry SOHN				
		Examiner Name	J. Hu				
		Art Unit	2154				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	324212007600				
TOTAL AMOUNT OF PAYMENT (\$)		450.00					
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1852</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description				Small Entity Fee (\$)		Fee (\$)	
Each claim over 20 (including Reissues)				50		25	
Each independent claim over 3 (including Reissues)				200		100	
Multiple dependent claims				360		180	
Total Claims				Extra Claims		Fee (\$)	
56				-41 = 0		x 50.00 = 0.00	
HP = Highest number of total claims paid for, if greater than 20.				Multiple-Dependent Claims		Fee (\$)	
				360.00		0.00	
Indep. Claims				Extra Claims		Fee (\$)	
3				-4 = 0		x 200.00 = 0.00	
HP = Highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets				Extra Sheets		Number of each additional 50 or fraction thereof	
- 100 =				/50		(round up to a whole number) x	
						Fee (\$)	
						Fee Paid (\$)	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month						450.00	
SUBMITTED BY							
Signature		<i>Michael S. Garabrant</i>		Registration No. (Attorney/Agent)		51,230	
Name (Print Type)		Michael S. Garabrant		Telephone		(415) 268-6824	
				Date		May 1, 2006	

sf-2122465

**MORRISON | FOERSTER**425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHEAST VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS**RECEIVED**  
**CENTRAL FAX CENTER****MAY 01 2006****To:**

<b>NAME:</b>	<b>FACSIMILE:</b>
<b>MS Amendment US Patent and Trademark Office</b>	<b>(571) 273-8300</b>

**FROM:** Michael S. Garrabrants  
Reg. No. 51,230**DATE:** May 1, 2006

<b>Number of pages with cover page:</b>	<b>22</b>	
---	-----------	--

Preparer of this slip has confirmed that facsimile number given is 10586/1xt4  
correct:**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Comments:****ATTORNEY DOCKET NO.: 32421-20076.00**  
**SERIAL NO.: 09/801,439**  
**FILING DATE: March 7, 2001**  
**INVENTOR(S): Henry SOHN et al.**  
**TITLE: INFORMATION DISPLAY SYSTEMS AND METHODS**  
**EXAMINER: J. Hu**  
**Group Art Unit: 2154****Papers attached herewith:**

- 1. Transmittal (1 page)**
- 2. Fee Transmittal (in duplicate, 2 pages)**
- 3. Request for Extension of Time (1 page)**
- 4. Amendment (17 pages)**

sf-2122484

RECEIVED  
CENTRAL FAX CENTER

MAY 01 2006

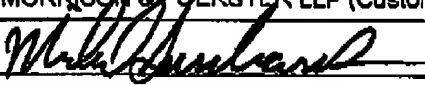
PTO/SB/21 (09-04)

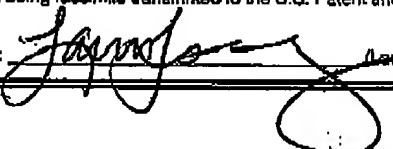
Approved for use through 07/31/2006. OMB 0631-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/801,439	
	Filing Date	March 7, 2001	
	First Named Inventor	Henry SOHN	
	Art Unit	2154	
	Examiner Name	J. Hu	
Total Number of Pages in This Submission	21	Attorney Docket Number	324212007600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (17 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael S. Garrabrante		
Date	May 1, 2006	Reg. No.	51,230

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, fax no. 571-273-8300, on the date shown below.	
Dated: May 1, 2006	Signature:  (Jayme Tsang)

sf-2122466